FORM (RF-3)

SUMMARY SHEET

| - | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|--|
| 1. | Automobile Liability Private | | |
| ٠. | Passenger | | |
| | Commercial | 17,083,193 | 3.0% |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | 4,063,926 | 2.4% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | · | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |
| • | Does filing only apply to certa Classes? If so, specify: no | ain territory (territories) or | certain |
| | | | |
| | Brief description of filing. (If I | filing follows rates of an ac | dvisory |
| | Organization, specify | Adopting CA-2009-BRI A1 | , CA-2004-RTER1, CA-2006-RZR1 and |
| | organization): CA-2006-RZRLC. Also revising loss co | | |
| | Logic for UM-Hazard I to include number of | | Titlato I abborigor covor ractor, maning |
| | *Adjusted to reflect all prior ra | | |
| | **Change in Company's pren | nium level which will resul | t from application of new |
| | rates. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | raco. | ACUITY, A Mutual | Insurance Company |
| | | | ne of Company |
| | | Regulatory Filing Te | echnician |
| | | | Official – Title |

| | Change in Company's premium or rat | te level produced by rate revision effective | December 1, 2009 |
|-----|---|---|--------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | \$756,297 | +2.5% |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | \$169,007 | +2.5% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | | | |
| | filing only apply to certain territory (t | erritories) or certain classes? If so, specify: | |
| na | | | |
| | | | |
| | | | |
| | | s rates of an advisory organization, specify of | |
| Ado | pting ISO's loss cost filing #CA-2009 | -BRLA1 and revising our company loss cos | ts multipliers. |
| | | | |

All America Insurance Company Name of Company

Mrs. Petrise Meyer Sr Rates and Forms Analyst Official - Title

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 02/01/2010 .

| (1) | (2) Annual Premium | (3) Percent |
|---|--|--|
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | 1,017,272 | -4.1 |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | 176,402 | 8.6 |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain If so, specify: No | n territory (territories)or | certain classes? |
| If so, specify: No Brief description of filing. (I | f filing follows rates of a | |
| If so, specify: No Brief description of filing. (I organization, specify organization) | f filing follows rates of a | n advisory |
| If so, specify: No Brief description of filing. (I organization, specify organization) | f filing follows rates of a on): Number CA-2009-BRLA1 (ISO | n advisory |
| If so, specify: No Brief description of filing. (I organization, specify organization Adoption of ISO Reference Filing | f filing follows rates of a on): Number CA-2009-BRLA1 (ISO low. | n advisory effective date |
| If so, specify: No Brief description of filing. (I organization, specify organization Adoption of ISO Reference Filing 10/01/2009) on the date shown be. We propose that this filing apply 1, 2010. | f filing follows rates of a on): Number CA-2009-BRLA1 (ISO low. y to all policies effective | effective date on or after February |
| If so, specify: No Brief description of filing. (I organization, specify organization Adoption of ISO Reference Filing 10/01/2009) on the date shown between the propose that this filing apply 1, 2010. Our proposed loss cost multiplies | f filing follows rates of a on): Number CA-2009-BRLA1 (ISO low. y to all policies effective r is 1.614 for Auto Liabili o adopt these revisions for d Community Care Insurance ices programs. When we decome | effective date on or after February ty and 1.689 for Auto our VFIS Emergency Services, and Rural |
| If so, specify: No Brief description of filing. (I organization, specify organization Adoption of ISO Reference Filing 10/01/2009) on the date shown be. We propose that this filing apply 1, 2010. Our proposed loss cost multiplies Physical Damage. However, we hereby propose not to Service Organization, Hospice and Special Districts Insurance Service | f filing follows rates of a on): Number CA-2009-BRLA1 (ISO low. y to all policies effective r is 1.614 for Auto Liabili o adopt these revisions for d Community Care Insurance ices programs. When we dece filing. rate changes. evel which will | effective date on or after February ty and 1.689 for Auto our VFIS Emergency Services, and Rural |
| Brief description of filing. (I organization, specify organization Adoption of ISO Reference Filing 10/01/2009) on the date shown bedweep propose that this filing apply 1, 2010. Our proposed loss cost multiplies Physical Damage. However, we hereby propose not to Service Organization, Hospice and Special Districts Insurance Service programs, we will make a separate * Adjusted to reflect all prior ** Change in Company's premium le result from application of new | f filing follows rates of a on): Number CA-2009-BRLA1 (ISO low. y to all policies effective r is 1.614 for Auto Liabili o adopt these revisions for d Community Care Insurance ices programs. When we dece filing. rate changes. evel which will | effective date on or after February ty and 1.689 for Auto our VFIS Emergency Services, and Rural eide to adopt for these |
| Brief description of filing. (I organization, specify organization Adoption of ISO Reference Filing 10/01/2009) on the date shown bedweep propose that this filing apply 1, 2010. Our proposed loss cost multiplies Physical Damage. However, we hereby propose not to Service Organization, Hospice and Special Districts Insurance Service programs, we will make a separate * Adjusted to reflect all prior ** Change in Company's premium le result from application of new | f filing follows rates of a on): Number CA-2009-BRLA1 (ISO low. y to all policies effective r is 1.614 for Auto Liabili o adopt these revisions for d Community Care Insurance ices programs. When we dece filing. rate changes. evel which will w rates. | effective date on or after February ty and 1.689 for Auto our VFIS Emergency Services, and Rural dide to adopt for these |
| Brief description of filing. (I organization, specify organization Adoption of ISO Reference Filing 10/01/2009) on the date shown bedweep propose that this filing apply 1, 2010. Our proposed loss cost multiplies Physical Damage. However, we hereby propose not to Service Organization, Hospice and Special Districts Insurance Service programs, we will make a separate * Adjusted to reflect all prior ** Change in Company's premium le result from application of new | f filing follows rates of a on): Number CA-2009-BRLA1 (ISO low. y to all policies effective r is 1.614 for Auto Liabili o adopt these revisions for d Community Care Insurance ices programs. When we dece filing. rate changes. evel which will w rates. American Alternative Insurance | effective date on or after February ty and 1.689 for Auto our VFIS Emergency Services, and Rural dide to adopt for these |
| Brief description of filing. (I organization, specify organization Adoption of ISO Reference Filing 10/01/2009) on the date shown bedweep propose that this filing apply 1, 2010. Our proposed loss cost multiplies Physical Damage. However, we hereby propose not to Service Organization, Hospice and Special Districts Insurance Service programs, we will make a separate * Adjusted to reflect all prior ** Change in Company's premium le result from application of new | f filing follows rates of a on): Number CA-2009-BRLA1 (ISO low. y to all policies effective r is 1.614 for Auto Liabili o adopt these revisions for d Community Care Insurance ices programs. When we dece filing. rate changes. evel which will w rates. American Alternative Insurance Name of Company | effective date on or after February ty and 1.689 for Auto our VFIS Emergency Services, and Rural dide to adopt for these |

| Cha | ange in Company's premium or rate level | I produced by rate revision effective | 03/01/2009 |
|------|---|---|--|
| | (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent <u>Change (+ or -)**</u> |
| | | | |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | \$242,280 | 3.9% |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | \$57,752 | 3.6% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| _ | 6 11 | | |
| Doe | es filing only apply to certain territory (ter | ritories) or certain classes? If so, specify: | No |
| | | | |
| Duia | of description of films (If films follows ust | as of an advisory organization, aposity organ | nization): |
| | • • • • | es of an advisory organization, specify organ | mzadon). |
| Grou | up filling to adopt ISO loss cost revision (CA-2008-B | RLAT) and to revise company deviations. | |
| | | | |
| *^~ | ljusted to reflect all prior rate changes. | | |
| | | ch will result from application of new rates. | |
| C | mange in Company's premium level which | in will result from application of new rates. | |
| | | American Guarantee | and Liability Insurance Company |
| | | | e of Company |
| | | 140111 | |
| | | Deborah Freeman - Regulatory S | Services Analyst I |
| | | <u> </u> | ficial – Title |
| | | O. | |

| Cha | ange in Company's premium or rate leve | el produced by rate revision effective | 03/01/2009 |
|-------|--|--|--|
| | (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | \$1,425,660 | 3.9% |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | \$224,197 | 2.0% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety _ | | |
| 8. | Boiler and Machinery | | and the state of t |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | - | |
| | Homeowners Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other | | |
| | Line of Insurance | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| Doe | es filing only apply to certain territory (te | rritories) or certain classes? If so, specify: | No |
| | | | |
| | | | |
| | | tes of an advisory organization, specify orgar | nization): |
| Grou | up filling to adopt ISO loss cost revision (CA-2008- | BRLA1) and to revise company deviations. | ************************************** |
| | | | |
| * ^ ~ | ljusted to reflect all prior rate changes. | | |
| | | ch will result from application of new rates. | |
| C | nange in Company's premium level will | cit will result from application of new rates. | |
| | | American Zuri | ch Insurance Company |
| | | | e of Company |
| | | _, , | |
| | | Deborah Freeman - Regulatory S | |
| | | Off | icial – Title |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or ra | ate level produced by rate revision |
|-----------------------------------|-------------------------------------|
| effective 12/01/09 | |

| . (1) | (2) Annual Premium | (3) Percent |
|--|---------------------------------------|--------------------------------------|
| Coverage | Volume (Illinois) * | _ Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | 2,717 | +0.3% |
| Commercial | 18,290 | -2.5% |
| Automobile Physical Damag | | |
| Private Passenger | 1,742 | +4.4% |
| Commercial | 5,065 | +2.0% |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Life of Insurance | | |
| Does filing only apply to certa | ain territory (territories) or | certain |
| Classes? If so, specify: N/A 4 | ell commercial | wahi O. |
| | | 7,70000 |
| Brief description of filing. (If Organization, specify | filing follows rates of an a | ndvisory |
| organization): | ISO Circular LI-CA-2009- | 082, Filing Designation CA-2009-BRLA |
| | · · · · · · · · · · · · · · · · · · · | |
| *Adjusted to reflect all prior ra | | |
| | nium level which will resu | |

Ansur America Insurance Company

Name of Company Anne Kohler - R&D Senior Associate

Official - Title

SUMMARY SHEET

| (| Change in Company's premium or ra (1) | te level produced by rate revision effective (2) | December 1, 2009 (3) |
|------|---|--|---------------------------|
| | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | \$1,407,534 | +7.5% |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | \$360,059 | +7.5% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| D 6 | Time and annual to contain tomitom (| comitanias) or contain alocace? If an amonifu | |
| | lling only apply to certain territory (t | erritories) or certain classes? If so, specify: | |
| na | | | |
| - | | | |
| | | s rates of an advisory organization, specify | |
| Adop | oting ISO's loss cost filing #CA-2009 | -BRLA1 and revising our company loss cos | ts multipliers. |
| | | | |
| | | | |

Central Mutual Insurance Company Name of Company

Mrs. Petrise Meyer Sr Rates and Forms Analyst Official - Title

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

| Una | ange in Company's premium or rate leve | el produced by rate revision effective | 03/01/2009 |
|------|---|--|--|
| | (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| | | | |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | \$3,692 | 5.9% |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial _ | \$1,461 | 2.0% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | 47-20- |
| | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | | | |
| Doe | es filing only apply to certain territory (te | rritories) or certain classes? If so, specify: | No |
| | | | |
| | | | |
| Brie | ef description of filing. (If filing follows rate | tes of an advisory organization, specify orga | nization): |
| Grou | up filling to adopt ISO loss cost revision (CA-2008-I | BRLA1) and to revise company deviations. | |
| | | | |
| | | | |
| | ljusted to reflect all prior rate changes. | | |
| **C | hange in Company's premium level which | ch will result from application of new rates. | |
| | | | |
| | | Colonial Americar | Casualty & Surety Company |
| | | Nan | ne of Company |
| | | | |
| | | Deborah Freeman - Regulatory | Services Analyst I |
| | | 0 | fficial – Title |

| | Change in Company's premium or rat | e level produced by rate revision effective | 9/19/09 new and 12/1/09 renewals |
|------|---|---|----------------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | \$1,467,317 | 2.3% |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | \$422,337 | 20.1% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | 1 | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| No. | | erritories) or certain classes? If so, specify: | |
| This | filing applies to all territories and con | nmercial auto classes. | |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

1. Commercial Vehicles and Private Passenger BI/PD, Comprehensive, Collision, and Medical Payments base rates are revised.

- 2. Commercial Vehicles Special Perils base rates are revised.
- 3. Uninsured/Underinsured Motorist Coverage base rates are revised.
- 4. SIC codes are expanded and revised.
- 5. Secondary Code Farmers is renamed Farming.
- 6. Dump and Transit Mix Trucks and Trailers is renamed Dump, Grain Hoppers, Transit Mix Trucks, and Trailers.
- 7. Miscellaneous editorial changes have been made.
- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Farmers Insurance Exchange
Name of Company

Nicolas Boivin, Assistant Actuary
Official - Title

| Cha | ange in Company's premium or rate lev | vel produced by rate revision effective | 03/01/2009 |
|-----|---|--|--|
| | (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger Commercial | \$18,676 | 5.2% |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | \$8,482 | 2.5% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail Other | | |
| 15. | Line of Insurance | | *************************************** |
| | Line of insurance | | |
| Do | es filing only apply to certain territory (| territories) or certain classes? If so, specify: | No |
| | oog o, app., to tottom tottoo, (| , , , | |
| | ef description of filing. (If filing follows rup filling to adopt ISO loss cost revision (CA-200) | rates of an advisory organization, specify orga | nization): |
| GIO | up ming to adupt 130 loss cost revision (CA-200) | o-BNEAT) and to revise company deviations. | |
| | djusted to reflect all prior rate changes. Change in Company's premium level wi | hich will result from application of new rates. | |
| | | Eidelitu & Dans | osit Company of Maryland |
| | | | ne of Company |
| | | Deborah Freeman - Regulatory | Services Analyst I |
| | | | fficial – Title |

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/01/09

| | | (2) Annual Premium | (3) Percent | |
|---|--|-----------------------------|------------------------------------|--|
| | Coverage | Volume (Illinois) * | _ Change (+or-) ** | |
| | Automobile Liability Private | Volume (minois) | Change (101-) | |
| | Passenger | 44C E 47 | +1.3% | |
| | Commercial | 446,547 | +2.3% | |
| | Automobile Physical Damag | 1,889,407 | +2.376 | |
| | Private Passenger | 214,204 | +5.1% | |
| | Commercial | 476,548 | +4.5% | |
| | | 470,340 | T4.376 | |
| | Liability Other Than Auto | | | |
| | Burglary and Theft Blass | | | |
| | | | | |
| | idelity | | | |
| | Surety | | | |
| | Boiler and Machinery | <u> </u> | | |
| • | ire | | | |
| | Extended Coverage | <u></u> | | |
| | nland Marine | | | |
| | lomeowners | | | |
| | Commercial Multi-Peril | | | |
| | Crop Hail | | | |
| C | Other | | | |
| | Life of Insurance | | | |
| г | Does filing only apply to certain territory (territories) or certain | | | |
| | Classes? If so | , | | |
| | specify: N/A 4 | Il commercial p | ah. La | |
| 3 | specify. | a commune p | enere | |
| - | Brief description of filing. (If fi | lling follows rates of an a | dviego | |
| | Organization, specify | ming rollows rates or aft a | 10 V 13 O 1 y | |
| | organization): | ISO Circular I I-CA-2009- | 082, Filing Designation CA-2009-BF | |
| | nganization). | 100 0110didi E1 0/1,2000 | ocz, i imig Decignation on 2005 Br | |
| - | | | | |
| * | 'Adjusted to reflect all prior ra | te changes. | | |

Frankenmuth Mutual Insurance Company

Name of Company Anne Kohler - R&D Senior Associate

Official - Title

rates.

FORM (RF-3)

SUMMARY SHEET

| | (1) | (2) Annual Premium | (3) Percent |
|------|--|--|--|
| | Coverage | - Volume (Illinois) * | Change (+or-) ** |
| | omobile Liability Private senger | | |
| | senger nmercial | 70.007 | £ 00/ |
| | mobile Physical Damag | 79,907 | -5.0% |
| | ate Passenger | | • |
| | nmercial | 10,123 | 4.5% |
| | ility Other Than Auto | | 4.070 |
| | plary and Theft | | |
| Glas | • | | |
| Fide | | | |
| Sure | · · | | |
| | er and Machinery | | |
| Fire | or aria macrimory | | |
| - | nded Coverage | | |
| | nd Marine | | |
| | eowners | | |
| | mercial Multi-Peril | | |
| Crop | Hail | | 477 - 1774 - 1774 - 1774 - 1774 - 1774 - 1774 - 1774 - 1774 - 1774 - 1774 - 1774 - 1774 - 1774 - 1774 - 1774 - |
| Othe | | ************************************** | |
| - | Life of Insurance | | |
| | es filing only apply to certa sses? If so, cify: | ain territory (territories) or | certain |
| Prio | f description of filing. (If f | ilian follows rates of an a | d in a n |
| | anization, specify | lling lollows rates or an a | lavisory |
| | anization): | Harco, use ISO and is im- | plementing CA-2009-BRLA1 |
| _ | mercial Auto LCM will go from 1.30 | | |
| | | | -3.4% based on Harco's writtem prem |
| *Adj | usted to reflect all prior ra nange in Company's prem | ite changes. | It from application of new |
| Tate | J. | Harco National Ins | surance Comapny |
| | | | me of Company |
| | | Technical Specialis | • • |
| | | · | Official – Title |

| | Change in Company's premium or rate | e level produced by rate revision effective | 9/19/09 new and 12/1/09 renewals |
|------|--|---|----------------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | \$766,230 | 2.0% |
| 2. | Automobile Physical Damage | • | |
| | Private Passenger | | |
| | Commercial | \$250,058 | 19.2% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | • |
| _ | | | |
| | filing only apply to certain territory (to | erritories) or certain classes? If so, specify: | |
| No. | | | |
| This | filing applies to all territories and con | nmercial auto classes. | |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

- 1. Commercial Vehicles and Private Passenger BI/PD, Comprehensive, Collision, and Medical Payments base rates are revised.
- 2. Commercial Vehicles Special Perils base rates are revised.
- 3. Uninsured/Underinsured Motorist Coverage base rates are revised.
- 4. SIC codes are expanded and revised.
- 5. Secondary Code Farmers is renamed Farming.
- 6. Dump and Transit Mix Trucks and Trailers is renamed Dump, Grain Hoppers, Transit Mix Trucks, and Trailers.
- 7. Miscellaneous editorial changes have been made.
- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Mid-Century Insurance Company
Name of Company

Nicolas Boivin, Assistant Actuary
Official - Title

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premiun | n or rate level | I produced by ra | ate revision |
|-----------------------------|-----------------|------------------|--------------|
| effective 10/01/2009 | | | |

| - | (1) | (2) Annual Premium | (3) Percent |
|-----|--|-----------------------------|---------------------------------|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | 3,145,476 | +5.0% |
| 2 | Automobile Physical Damag | | _ |
| | Private Passenger | 650,940 | +5.0% |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 1. | Burglary and Theft | | |
| 5. | Glass | | |
| 3. | Fidelity | | |
| 7. | Surety | | |
| 3. | Boiler and Machinery | | |
| €. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | • | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |
| * | Does filing only apply to certa Classes? If so, specify: Not App | - ' | certain |
| | District Constitution | L' C. H | 1 |
| | Brief description of filing. (If fi Organization, specify organization): | ling follows rates of an ac | avisory |
| | Rate changes follow ISO reference | listing on CAS-RR-1 to 3-IL | |
| | | | |
| | *Adjusted to reflect all prior ra **Change in Company's premates. | | t from application of new |
| | Tales. | SECURA Insurance | e, A Mutual Company |
| | | | ne of Company |
| | | | e President and General Counsel |

Official - Title

SUMMARY SHEET

| Coverage Volume (Illinois)* Change (+ 1. Automobile Liability |
|---|
| Private Passenger Commercial 6,168,844 4.8% 2. Automobile Physical Damage Private Passenger Commercial 1,739,627 4.7% 3. Liability Other Than Auto 9,165,048 0.5% 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 5,792,345 5.2% 10. Extended Coverage 11. Inland Marine |
| 2. Automobile Physical Damage Private Passenger Commercial 1,739,627 4.7% 3. Liability Other Than Auto 9,165,048 0.5% 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 5,792,345 5.2% 10. Extended Coverage 11. Inland Marine 5,792,345 5.2% |
| Private Passenger Commercial 1,739,627 4.7% 3. Liability Other Than Auto 9,165,048 0.5% 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 5,792,345 5.2% 10. Extended Coverage 11. Inland Marine 11. Inland Marine 11. Inland Marine |
| 3. Liability Other Than Auto 9,165,048 0.5% 4. Burglary and Theft 0.5% 5. Glass 0.5% 6. Fidelity 0.5% 7. Surety 0.5% 8. Boiler and Machinery 0.5% 9. Fire 5,792,345 5.2% 10. Extended Coverage 11. Inland Marine 0.5% |
| 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 5,792,345 5.2% 10. Extended Coverage 11. Inland Marine |
| 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 5,792,345 10. Extended Coverage 11. Inland Marine |
| 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 5,792,345 5.2% 10. Extended Coverage 11. Inland Marine |
| 7. Surety 8. Boiler and Machinery 9. Fire 5,792,345 5.2% 10. Extended Coverage 11. Inland Marine |
| 8. Boiler and Machinery 9. Fire 5,792,345 5.2% 10. Extended Coverage 11. Inland Marine |
| 9. Fire 5,792,345 5.2% 10. Extended Coverage 11. Inland Marine |
| 10. Extended Coverage 11. Inland Marine |
| 11. Inland Marine |
| |
| 12. Homeowners |
| |
| 13. Commercial Multi-Peril |
| 14. Crop Hail |
| 15. Other |
| Line of Insurance |
| Ooes filing only apply to certain territory (territories) or certain classes? If so, specify: N/A |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of South Carolina (SICSC)

Name of Company

Andrew S. Becker, FCAS, MAAA

Vice President - Actuarial

Department

Director of Commercial Lines

Chon & Beder

Pricing

| | (1) | (2) | (3) |
|----------------|--|---|-------------------------|
| | (1) | Annual Premium | Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+or -)**</u> |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | 6,168,844 | -1.2% |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | 1,739,627 | 1.8% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Does fi No. | iling only apply to certain territory (t | erritories) or certain classes? If so, specify: | |

Selective Insurance Company of South Carolina (SICSC) Name of Company

Libin Guo – Actuarial Analyst
Official - Title

Change in Company's premium level which will result from application of new rates.

| | Change in Company's premium or ra | te level produced by rate revision effective | 12/01/2009 |
|------|---|---|--|
| | (1) | (2) | (3) |
| | <u>Coverage</u> | Annual Premium Volume (Illinois)* | Percent Change(+or-)** |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | 957,189 | -0.8% |
| 2. | Automobile Physical Damage Private Passenger | • | |
| | Commercial | 288,916 | 4.5% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Does | filing only apply to certain territory (t | erritories) or certain classes? If so, specify: | |
| No. | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | s rates of an advisory organization, specify CA-2009-BRLA1 and modify our loss cost | |
| | | | |
| | | | |

Selective Insurance Company of the Southeast (SICSE) Name of Company

Libin Guo – Actuarial Analyst
Official - Title

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

| | (1) | (2) Annual Premium | (3) Percent |
|---------|---|--|-----------------------------|
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | 957,189 | 2.4% |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | 288,916 | 2.1% |
| 3. | Liability Other Than Auto | 1,178,814 | 0.0% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | 503,156 | 0.0% |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | filing only apply to certain territory (| territories) or certain classes? If so, specify: | |
| N/A | | | |
| | | | |
| | | | |
| Brief o | description of filing. (If filing follow | s rates of an advisory organization, specify | organization): |
| | | for Commercial Auto, Commercial Property | and General Liability lines |
| 001 | usiness written under SICSE. | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of the Southeast (SICSE)

Name of Company

Andrew S. Becker, FCAS, MAAA

Vice President - Actuarial

Department

Director of Commercial Lines

aru & Bede,

Pricing

RECEIVED

AUG 2 4 2009

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Mary Lynn Teel, State Filings Analyst
Official - Title

| | Change in Company's premium or rate | level produced by rate revision effective | 02/01/2010 |
|----------|---|--|----------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | 521,211 | -4.7% |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | 10.60/ |
| | Commercial | 242,810 | 10.6% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. 8. | Surety Boiler and Machinery | | |
| o. 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | | | |
| | | ritories) or certain classes? If so, specify | ; |
| App | lies to all territories. | | |
| | | | |
| D ' C | 1 CElina (If Elina follows | rates of an advisory organization, specify | organization): |
| Briei | description of Hilling. (If Hilling follows | rcial Auto Advisory Prospective Loss Cos | sts Implementation |
| Ado | ption of 130's fittions Revised Comme | Clai Nuto Navisory i respective Boss Co. | |
| | | | |
| | | | |
| | djusted to reflect all prior rate changes | | |
| | change in Company's premium level wh | ich will | |
| re | esult from application of new rates. | | |
| | | | |
| | | | |
| | | Sompo Japan In | surance Company of America |
| | | | ame of Company |
| | | | |
| | | | |

Form (RF-3)

| | Change in Company's premium or rate | e level produced by rate revision effective | 9/19/09 new and 12/1/09 renewals |
|-------|---|--|--|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | \$2,809,573 | 0.2% |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | \$793,673 | 17.9% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | · | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | 42 |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| No. | filing only apply to certain territory (te | rritories) or certain classes? If so, specify: | |
| Inis | filing applies to all territories and com | imerciai auto ciasses. | |
| Brief | description of filing. (If filing follows | rates of an advisory organization, specify of Passenger BI/PD, Comprehensive, Collis | organization): ion, and Medical Payments base |
| | rates are revised. | , 1 woodings: 2212, 2000-p-000000000, 200000 | , , |
| | 2. Commercial Vehicles Special Per | ils base rates are revised. | |
| | 3. Uninsured/Underinsured Motorist | | |
| | 4. SIC codes are expanded and revis | | |
| | 5. Secondary Code Farmers is renam | ned Farming. | |
| | Dump and Transit Mix Trucks a Trailers. | and Trailers is renamed Dump, Grain Ho | oppers, Transit Mix Trucks, and |
| | 7. Miscellaneous editorial changes h | ave been made. | |

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Truck Insurance Exchange Name of Company

Nicolas Boivin, Assistant Actuary Official - Title

| Cha | ange in Company's premium or rate lev | el produced by rate revision effective | 03/01/2009 |
|-------------|---|--|--|
| | (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | \$4,129,170 | 4.9% |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | \$928,529 | 3.4% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 15. | Other Line of Insurance | | |
| | Line of insurance | | |
| Dos | es filing only apply to certain territory (t | erritories) or certain classes? If so, specify: | No |
| D 00 | to thing only apply to contain territory (t | ormones, or sortain classes. It so, speak, | |
| | | | |
| Brie | ef description of filing. (If filing follows r | ates of an advisory organization, specify orga | nization): |
| | up filling to adopt ISO loss cost revision (CA-2008 | · - | - |
| | | | |
| | | | |
| | ljusted to reflect all prior rate changes. | | , |
| **C | hange in Company's premium level wh | nich will result from application of new rates. | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | can Insurance Company |
| | | Nan | ne of Company |
| | | | |
| | | Deborah Freeman - Regulatory | <u> </u> |
| | | 0 | fficial – Title |

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| Char | nge in Company's premium or rate lev | el produced by rate revision effective | 03/01/2009 |
|---------|--|--|--|
| | (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| 1 | Automobile Liability Private | | |
| | Passenger Commercial | \$111,318 | 6.4% |
| 2. | Automobile Physical Damage | | |
| • | Private Passenger Commercial | \$29,311 | 3.7% |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other | | |
| | Line of Insurance | | |
| | | | |
| Does | s filing only apply to certain territory (to | erritories) or certain classes? If so, specify: | No |
| | | | |
| | | | |
| | | ates of an advisory organization, specify orga | nization): |
| Group | filling to adopt ISO loss cost revision (CA-2008 | -BRLA1) and to revise company deviations. | |
| | | | |
| * ^ ~i. | usted to reflect all prior rate changes. | | |
| | | ich will result from application of new rates. | |
| Cit | ange in Company's premium lever wit | ich will result from application of new rates. | |
| | | Zurich American I | nsurance Company of Illinois |
| | | | ne of Company |
| | | Nui | is a surparity |
| | | Deborah Freeman - Regulatory | Services Analyst I |
| | | | fficial – Title |